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CASE OF DOUBLE OVARIAN DROPSY—BOTH OVARIES SUCCESSFULLY REMOVED BY THE LARGE PERITONEAL SECTION.

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[We copy the following report of this exceedingly interesting case from the last number of the American Journal of Medical Sciences. The case, in itself remarkable, acquires to us the more importance, from being the first instance in which this operation, by the large peritoneal section, has been successfully performed in New England. We quote the case in full, to the exclusion of other matter, and not exactly in accordance with our established rule in such cases, believing that it would thus be more acceptable to the surgical reader, and that a complete report of it should be placed on record in our Journal. In its perusal three things are prominently noticed:—the exact diagnosis—the completeness of the operation—and the philosophical and satisfactory explanation of the conditions and symptoms observed in the course of the disease; to which may be added the marked modesty of the author in the recital. We recommend it as a model for reports in medical and surgical practice.—ED.]

Miss Sarah N. G\_\_\_\_\_, of West Claremont, N. H., st. 25, black hair and eyes, delicate development, but not fragile—a young lady of intellect and refinement—first consulted me on the 6th of Sept., 1850. She had first discovered a tumor extending half way from the symphysis pubis to the umbilicus, and precisely on the middle line, in June, 1849, or about fifteen months ago. It was then, perhaps, three inches in diameter, very movable, and apparently of a spherical figure. Its size became doubled, she thinks, within six months afterwards, and has been still more rapidly increasing since. It has never been painful at all, nor tender on pressure up to the present time. A disagreeable sensation of tension alone has been felt, and this only for the last few months. She has never, at any former period, had any pain in either iliac or inguinal region; nor any other symptom of inflammation, or even irritation, of either ovary. Menstruation has been regular to the present time; and there has never been any leucorrhœal discharge. Nor has there been any derangement of the stomach or bowels till since she commenced the use of drastic cathartics; and her present emaciation,

weakness, pallor and loss of appetite, she attributes mainly to them. During the last few months, she has, in addition to hydragogue cathartics, made trial of diuretics and iodine ointment—but with no perceptible benefit. Her appetite is still poor, though all medication has been suspended for two or three weeks. She is not yet troubled with either dyspnoea or nausea from the pressure of the tumor.

As several distinguished physicians had been either doubtful or incorrect in their diagnosis of Miss G.'s case, I shall be the more explicit in regard to the examination made to establish it—the general condition of the patient having been already indicated.

The *abdomen* is very prominent; its circumference being thirty-nine inches above the hips, and forty-one around and across them. The enlargement is regular, except that the left side, from the spine to the linea alba, measures three quarters of an inch more than the right. It rises to within two inches of the ensiform cartilage, and fluctuation is detectable in every part of it. The abdominal walls are very tense, and not yet at all pendulous. The skin even is so tense as not to allow of any motion. No tympanitic sound is elicited by percussion, except over the epigastrium; and whether the patient is sitting, standing or lying in varied positions, no apparent effect is produced on the fluctuation, the sound on percussion, nor the position of the enlargement itself.

A tumor is felt, *per vaginam*, in the region of the left ovary, around which (and also obscurely *within* it) fluctuation is apparent on percussing the abdomen externally; though, as a whole, it appears lobulated and quite resistant. The finger can reach only a portion of it, perhaps as large as a hen's egg.

This tumor is also felt *per rectum*, and most extensively to the left of the uterus; the latter being slightly retroverted, but not inclined to either side. This aspect of the tumor seemed entirely solid, and not manifesting the least fluctuation. It can be slightly elevated on the tip of the finger; but whether from the yielding of the attachments, or of its walls, I cannot determine.

*Diagnosis.*—An ovarian tumor, probably originating from the left side; the fluid being contained in a large sac constituting the greater part of the tumor; and the more solid portion, felt *per vaginam*, being a mass of smaller sacs connected with the latter, and containing each so small a quantity of fluid as to admit of only an obscure fluctuation.

Advised that the patient be tapped without delay, with a view to ascertain whether the fluid was principally contained in a single large sac, as appeared to be the case—how large the solid part of the tumor might be; whether the diseased mass had become adherent to the surrounding parts and organs; and all other facts bearing on the question of removal of the mass by the large peritoneal section—this operation having been previously suggested and explained to the patient before she consulted me.

Sept. 11th (five days afterwards), Dr. E. E. Phelps, of Windsor, Vt., tapped the patient, and obtained 26 lbs. of a thick fluid of a brown color (specific gravity 1026), with flakes floating in it so large as to obstruct a canula of the common size. An apparently solid tumor at once became

prominent on the left side of the abdomen, seven and a half inches in its vertical dimensions, and four inches in its transverse at its upper part, by five inches at the lower. It seemed perfectly movable, and non-adherent to any contiguous part.

The patient was at once relieved. She came down stairs the morning after. Her appetite at once returned; the kidneys began immediately to act copiously, and so continued for a week. Still, Dr. Phelps found, on the 15th, that the sac was rapidly filling again.

I again saw the patient on the 17th, six days after the tapping, with Dr. S. G. Jarvis, her attending physician, and Dr. Phelps. She had sat up all day as well as yesterday, and appeared much better in countenance than when I saw her on the 6th; but a large quantity of fluid had accumulated since the 11th.

**Examination.**—Abdomen quite lax, and fluctuation everywhere apparent, except in the left lumbar region, and thence forwards to a line from the seventh left costal cartilage to the anterior superior spinous process of the ilium. No tympanitic sound on percussion, except over the upper part of the ascending and right half of the transverse colon; though, while the patient sits erect, it extends across the epigastrium. Circumference to-day, above the hips, while erect, is thirty-three inches; around the hips, thirty-five inches. Distance across, from one anterior superior spinous process to the other, thirteen and a half inches.

The solid tumor, so prominent immediately after the tapping, is far less so now. It is found to extend from the level of the left crista illi to the cartilage of the seventh rib; is not movable to any considerable extent; is not tender nor even sensitive to pressure, and presents a distinct elevation on its anterior face half as large as a hen's egg, and about four inches from the top; probably a distinct sac full of fluid. Its position is nearly vertical, and it can be traced downwards about seven inches. Its other dimensions appear the same as those given by Dr. Phelps on the 11th; but the accumulation of fluid since then renders it more difficult to determine its size with accuracy.

The skin of the abdomen is now movable in every part, and there is no tenderness on pressure anywhere, except at two points, each about one and a half inches square, viz., just below the cartilage of the eighth rib on the right side, and at the anterior extremity of the tenth rib on the left side. This did not appear to be peritoneal tenderness. She has had no pain since the tapping; no unpleasant sensation, indeed, except a tired feeling of the abdominal muscles, which, during the past year, she has oftentimes experienced. I, therefore, discovered no proofs of adhesion of either the solid portion or the sac, now perhaps half filled with fluid again. It was, however, *possible* that the latter might be extensively adherent, either to the omentum majus, or the peritoneum of the abdominal walls, or both. The mobility of the solid portion, after tapping, satisfied Dr. Phelps, at the time, that this part of the diseased mass could not be adherent. And no sign of peritoneal inflammation has hitherto existed to lead to the suspicion of adhesion from that cause, either prior, or subsequent, to the tapping. And previous examinations even, whether external or internal, have never produced pain at the time or afterwards.

*Per vaginam*, the finger feels to-day merely a tenseness in the region of the left ovary, but nothing of the solid tumor detected on the first examination, eleven days ago. Nor can any fluctuation be detected in this direction from the vagina to-day.

*Per rectum*, also, I can detect only the unyielding band in the position of the left ovary; no fluctuation or tumor. The uterus is a little retroverted, but lies on the middle line. It is not at all tender. It can be displaced a little to the left, but not towards the right side.

The uterine sound entered the uterus two and a quarter inches, following the middle line also; but the uterus could not be moved perceptibly upon it. It produced no pain.

On passing a sound into the bladder, it also followed the normal direction, and could be passed freely in all directions within that organ.

All the changes which could be made in the position of the enlargement produced no appreciable effect upon the position either of the uterus or the bladder, while they were respectively sounded.

All the preceding facts were thought to be consistent with the diagnosis given on the 6th; the evacuation of the fluid by paracentesis having allowed the solid portion to rise higher in and above the pelvis, into the lower part of which it had before been pressed, by the greater weight in the large sac attached to it—this elevation of the tumor also producing the tense state of the left broad ligament just alluded to.

I therefore told Miss G. that, so far as positive signs were concerned, her case appeared at least as favorable for the operation of extirpation by the large section, as several of the cases reported in which it had been performed; that I did not assume that it was ever justifiable, but, if so, it would be so in the present case, so far as I could discover any indications to the contrary; that I did not, however, advise the operation, since it might prove fatal, even though the disease was successfully removed; and on the other hand this might, on opening the abdomen, be found impossible, in which case she could, of course, derive no advantage from the operation, and might even lose her life in consequence of it.

She replied that she had resolved to have the operation performed, if there was any possibility of its succeeding; certainly, if there was one chance in eight for her to live through and recover from it, independently of the chance of removing the disease; that she well knew all the risk, and wished to incur it. She had before said she had no desire to live as at present, and had calmly contemplated all the consequences of her decision.

At her solicitation, with the request of Drs. Phelps and Jarvis, I therefore engaged to perform the operation on the Saturday following. She seemed much relieved by my decision, and replied, "I shall long to have the day arrive."

Thursday evening, Sept. 19th.—To take a free dose of castor oil, and only fluid food afterwards. To keep quiet also, especially on Saturday—the operation to be performed at 3½ P. M. of that day.

Saturday, 21st. The fluid has so far accumulated, during the past four days, that it is now difficult to find the solid part of the diseased

mass at all. The tenderness at the two points specified on the 17th is now somewhat increased, and I discover a distinct "friction feeling" not before existing over them—mentioned at the time as a proof that adhesions of the mass had formed since my last examination.

*Operation, 3½ P. M.*—The patient was placed upon a table, with the feet towards a window, and resting on a chair, the head and shoulders being elevated upon pillows placed upon an inclined plane, and supported by an assistant. She had previously evacuated the bladder: the pubes had been shaven so far as would be implicated by the incision; a sheet applied around the pelvis, and a line drawn with a lead pencil, to indicate the precise position of the incision, from a point two inches above the umbilicus, and one half inch to the left of the linea alba, down to the symphysis pubis. The temperature of the room had been raised to 80° Fahr., and was to be kept at this point for the first few days—the air also to be kept damp during the operation by the constant evaporation of water.

Drs. Jarvis and Tolles, of Claremont; Drs. Phelps and Clark, of Windsor; Dr. Comings, of Plainfield, and Messrs. D. S. Conant and A. T. Fitch (two of my medical pupils), assisted me.

Anesthesia was induced, in about six minutes, by a mixture of pure sulph. ether (twelve parts) and chloroform (one part), and the operation was commenced at ten minutes before 4 o'clock.

On dividing the skin and superficial fascia upon the line marked as above—it being nine inches in length—I found, contrary to my expectation, that the latter, together with the adipose deposit in it, was at least one and a quarter inch thick, for an extent of four inches below the umbilicus; which caused no little subsequent difficulty in closing the wound. Next, the abdominal aponeurosis was cautiously divided for half an inch, at a point three inches below the umbilicus, with the intention of falling directly upon the linea alba, and between the recti muscles. But the deviation of the linea alba to the left side being still greater than I had calculated, my incision was found to have penetrated the sheath of one of the recti. By the introduction of a probe, it was at once ascertained to be the right rectus which I had reached, and just at its inner edge; and thus the precise position of the linea alba was indicated.

After all external hemorrhage had ceased (not over 5 j.), I carefully divided the linea alba for about six inches. In doing this, a small artery in the edge of the left rectus was severed; but the contact of the air at once stopped the bleeding. I now expected to see the fascia transversalis and peritoneum; since, in this operation, they are generally found very much thickened. But in this I was disappointed. On dividing, with the greatest care, the very thin aponeurosis, I brought into view a dense white membrane, and of too smooth an aspect to be the external surface either of the fascia transversalis or the peritoneum; and which I concluded, after a brief examination, must be the sac itself. But, as some doubt was expressed as to the correctness of this opinion, I endeavored by careful dissection to detach from it either the fascia or the peritoneum, until it became certain that the membrane in sight was

the sac itself. In settling this question, however, at least ten minutes were lost. Moreover, a vein in the wall of the sac was divided, which afforded almost all of the blood lost during the operation, and which amounted in all to not more than 5 x. The hemorrhage was arrested by applying a ligature to the vein, till the sac should be removed. In detaching the vein for this purpose, the sac was divided completely through, and a small quantity of the characteristic contents escaped.

And at this conjuncture, still another cause of delay occurred. The patient, hitherto perfectly quiescent, now began to make violent efforts to vomit; and supposing the anesthetic might possibly produce this effect, it was at once withdrawn, and not afterwards administered during the operation. Still the retching continued; and during this time I could only sustain the abdomen with both hands, and keep the internal organs from protruding as effectually as I might. About fifteen minutes were lost in this way. During these violent efforts, the incision gaped so as to assume an elliptical form; the sac filling up the ellipse, except when a loop of intestine or a portion of omentum made its appearance. These were, however, always replaced with ease, during all stages of the operation.

When the retching had ceased, I introduced the hand to ascertain if the sac were anywhere adherent—intending, if it were so extensively attached as to render it improper to remove it, to adopt the method first suggested, I think, by Prof. Récamier, viz., to evacuate the contents through a small opening, and attempt to produce adhesion of its anterior surface to the abdominal walls. But to my great satisfaction I found the mass was nowhere adherent except at the points mentioned before I commenced the operation, over which the “friction feeling” was so distinct. Here the adhesions covered, on each side, a surface about two inches square.

The contents of the sac were next evacuated, through a large incision, into a bucket, and amounted to twenty-two pounds of fluid, like that obtained by Dr. Phelps ten days before. The incision through the abdominal aponeurosis was now enlarged to correspond with that in the skin; and the sac being now collapsed, the adhesions were easily broken up by the fingers; and before removing the hand, I left every part free down to the pedicle, which was very broad and firm, and attached to the left side of the uterus, as was expected.

The more solid part of the mass is now seen to be an aggregation of smaller sacs of various sizes, from that of a pea upwards. The two largest were punctured with a trocar, and at least a pound of fluid escaped. The whole mass was then lifted out of the abdominal cavity, and held by assistants, while I passed a double ligature of six threads of saddler's silk, “not twisted, but well waxed,” as Dr. Atlee advises; and cutting out the needle, tied each portion around one half of the pedicle. The latter was six inches wide and half an inch thick; except one inch in the middle, where the two layers of peritoneum in the broad ligament appeared in their natural relation. On the outer side of this thin portion were an artery (nearly as large as the radial) and a vein, and a quantity of areolar tissue; on the inside, the Fallopian tube,

and a still larger artery and vein, with a quantity of areolar tissue supporting them. The pedicle was divided obliquely upwards, and to both the *right and left*, from a point a quarter of an inch above where the ligature passed through, to within a quarter of an inch of the diseased mass.

On making a careful examination of all the parts and organs brought into view, preparatory to closing the incision, I discovered that a sac of the size of a pullet's egg was developed in the *right* ovary also; and that the whole organ was otherwise diseased. Accordingly, a double ligature (of two threads only) was passed through the broad ligament, and the remaining ovary was likewise removed.

The bladder was completely collapsed; the uterus perfectly smooth and healthy. The intestines were also in every part collapsed, and, therefore, now gave not the least trouble from protrusion. The parts exposed to the action of the air assumed a somewhat dusky hue; especially the uterus and bladder, which were of necessity longest exposed. The omentum was now carefully replaced; the operation, inclusive of the delays above specified, having occupied fifty-five minutes.

*Closing the Incision.*—The edges were accurately brought together, and retained thus, by five long and stout needles, equidistant from each other, and consequently one inch and a half apart, and which punctured all the layers but the peritoneum. The insertion of the needles was a difficult matter, for reasons hereafter to be specified. The four ligatures were brought out through the incision at the nearest point, this being between the lowest two needles. No tent of any kind was used. The skin would not meet for some inches in the middle portion of the incision, on account of the pressure of the parts underneath from the needles; and was drawn together by points of suture an inch apart, penetrating it alone. Ligatures were applied around the needles in the usual way.

The incision, being thus brought together, formed a prominent ridge of the same length, and four inches wide; there being on each side of it a deep depression, from the empty state of the alimentary canal, and the collapsed state of the hitherto distended abdominal walls. Strips of adhesive plaster were applied across this between the needles; and a compress dipped in warm water, over which a dry one and a piece of oiled silk were placed, completed the dressing; and the patient was placed in bed at twenty-five minutes before six.

She is now (fifteen minutes before 6) much exhausted, having suffered much from the introduction of the needles, as well as from the operation. Is deadly pale, and still very sick at the stomach. Pulse 70, very weak; respiration 18. Warm blankets are applied, and a little brandy and water are given, and a few drops of *aq. ammoniz.* at intervals. On inquiring whether she still hoped to rally and do well, she replied, "I have not a doubt of it, sir."

She was now attended constantly, for the following nine days, by three of my medical pupils, in turn: viz., Messrs. Conant, Fitch, and T. W. Wadsworth, who, during that time, kept an hourly record of her condition. From this, I extract the account which follows below. The

temperature of the room is to be kept at  $78^{\circ}$  to  $80^{\circ}$ ; she is to take the aq. ammoniz, &c., till re-action is established; and forty drops of Mc Munn's elixir of opium, to be then given. Nothing but bread-water for diet; acidulated drinks; not to speak aloud, nor to move without assistance; catheterism every six hours; and the wet compress to be renewed every three hours, or before it becomes dry.

8 o'clock, P. M. (two hours after operation). Pulse 112, soft. (N. B.—Her natural pulse is 90.) Respiration 21; countenance pale and cold. A little chilly at intervals. Is very faint, a common thing in her best health, when excited. Nausea still continues; has not vomited.

10 o'clock.—Has been gradually rallying the past two hours. At 9, took a little wine-whey. Pulse now 112, fuller; respiration 26. Has slept a few minutes.

11 o'clock.—Re-action is now complete. Pulse 112, and full; respiration 24. Sickness and faintness nearly gone. Drew 5  $\text{ijj}$ . of clear, concentrated urine. She has "not the least doubt" she will recover. The sickness and faintness recurred to some extent during the night; and her uneasy sensations were relieved by changing her position about once an hour. She slept very quietly about three hours in all. Vomited once; 5  $\text{iv}$ . healthy urine drawn at 5, A. M.

Sunday, 6, A. M.—Patient wakes up refreshed, saying she has "rested better than on some nights before the operation." Pulse 120, full; respiration 24. (At 5 in the afternoon of to-day, the pulse fell to 105.) Dr. Jarvis took charge of the patient at 10, A. M., and I did not again see her until Tuesday P. M. She has no marked thirst nor heat of surface to-day. Less frequent changes of position are necessary. Occasional faintness, and slight pain in the course of the incision. Dr. Jarvis drew off 5  $\text{iv}$ . urine at noon, and 5  $\text{iv}$ . more at 7 in the evening.

Monday, 6, A. M.—Was somewhat cool at 3 this morning, but no chill. Urine 5  $\text{ijj}$ . at 2, A. M. Has had a comfortable night; but has slept only between two and three hours. Pulse now 112; respiration 22. During the day, the former ranged between 109 and 114. At 9, A. M., 5  $\text{vijj}$ . of urine; 5  $\text{vj}$ . more at 5, P. M.; and 5  $\text{vijj}$ . also at midnight. Tongue is moist, with a very thin white coat. Had a severe deep-seated pain in right iliac region at 9, A. M.; at 12, a similar pain near the umbilicus; both relieved on change of position. Has a slight dull headache most of the day; and darting abdominal pains often recur. But she slept an hour before noon; has no thirst; no swelling or tenderness of abdomen; skin is moist and natural; and, on the whole, has had not an uncomfortable day.

Tuesday, 6, A. M.—Wakes as from a good night's rest, having slept three and a half hours in all. The pulse fell to 93 at 5 this morning. Is now 104, rather weak. Urine 5  $\text{vijj}$ . drawn at 8, A. M. and at 2, P. M.; also at 10, P. M. Less pain in the bowels than yesterday. Patient slept half an hour at noon; feels stronger; says she "could sit up, if allowed to do so." I saw her this afternoon—seventy hours after the operation. Pulse 112; respiration 23. It is a very warm day, and patient complains of the heat. Dressed the wound anew. Skin already united wherever edges are in perfect contact. Here and there a drop of pus around the

sutures. No tenderness or swelling of abdomen. The catamenia returned this evening, and continued three days. She has had a very comfortable day. Tongue slightly coated, and breath acid. To take an enema this evening.

Wednesday morning.—Patient slept quietly from four and a half to five hours last night. Pulse fell to 86 at 4, A. M.; is now (9, A. M.) 96, full. Urine  $\frac{3}{4}$  vij. at 6 this morning. At  $11\frac{1}{2}$ , A. M. (eighty-five hours after the operation), she passed  $\frac{3}{4}$  vij. urine *without aid*, for the first time; and needed no instrumental assistance afterwards—this secretion remaining normal during her recovery. Patient has had no chill yet; "feels better than yesterday"; countenance cheerful and animated, as though nothing unusual had happened. No effect from the enema. Castor oil, 3 ij., to be given at 2, A. M.

Thursday morning.—Patient thinks she slept about five hours last night. "Feels stronger." Pulse 86; respiration 20. Changed clothing and bed-clothes at 10, A. M., for first time since operation.

I saw the patient at 3 o'clock, P. M. Pulse 92; dressed the incision, and removed two of the five needles. The abdomen is now less concave on the sides of the ridge produced by the needles. Scarcely any suppuration. No tenderness or pain of abdomen.

Friday morning.—Patient did not sleep at all last night, since the bowels have not been relieved by the oil, and a smarting where the needles were removed was felt most of the night. Pulse 94 at 9, A. M.; ranged from 83 to 104 during the day. Head feels pressed still. Skin hotter to-day; less so after an hour's sleep from 2, P. M.

Saturday morning (one week after operation).—Patient took sixty drops of McMunn's elixir at two doses last night, and slept about three hours in all. Pulse 84; respiration 22, at 9, A. M., to-day; having just waked from half an hour's sleep.

I saw the patient at 3, P. M., to-day; changed all the dressings, and removed the three remaining needles. Skin firmly united, except at three points where the apposition had not been perfect. Very little suppuration. Appetite strong. A slight flatulent distension on right side of abdomen. Tongue slightly yellow. To take 3 ij. more of castor oil this evening, and thirty drops of McMunn's elixir.

The record was hereafter made only once in three hours.

Sunday.—Patient slept about four hours in all last night. Is stronger than yesterday, and wishes to begin to help herself. Pulse at 3, P. M., is 90; respiration 22. A large enema secured the free operation of the oil in the evening, and she slept all night "as well as she ever did."

Monday, 9, A. M.—Pulse 88; respiration 18. Perfectly comfortable in all respects.

Messrs. Conant, Fitch and Wadsworth discontinued their attendance from this time.

[To be concluded next week.]

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*Population of London.*—At the completion of the 19th century it is calculated by Mr. R. T. Popling that, at the present rate of increase—1.515 per cent. per annum—the population of London will be 4,816,062.

## BLANCHED HAIR FROM SUDDEN EMOTIONS.

[Communicated for the Boston Med. and Surg. Journal.]

UPON entering the ports of the Pacific Ocean, a person is surprised with the almost uniform blackness and luxuriance of the hair of the natives.

But instances are not rare, in which we see persons quite young with their hair blanched to a perfect whiteness, free from the creamy tinge that marks the change in temperate or other latitudes of the Atlantic coast, from the effect of age and other causes. With the native of the Pacific, the intermediate grade of gray, marking in our country the advance of age, is scarcely known; although, as with us, the hair of the aged is white—"not frosted o'er by the passage of many winters"—as the transition is usually sudden, from the effects of fear or great mental anxiety; often changing from a raven black to a dead crispy white in a single night.

The citizens of Europe and America, who have resided long upon the Pacific coast, have remarked that their hair became subject to an early change in color, with an apparent increase of vitality, indicated by rapid growth and an oily gloss. Whenever, in the course of their business, they were subject to sudden emotions, they observed, immediately after, a great accession to the numbers of their gray hairs.

As in our own country, the change of light hair is less rapid than dark, resembling the change of black with us. Still all grades of temperament are subject to it, although they may differ in degree. In San Francisco, I have met with young men scarcely 30 years of age, with hair and beard blanched to an almost perfect whiteness. As an instance, I met a young man, then on his way home, after having resided two years in the mining region. His hair was blanched to patriarchal whiteness, although he had not reached the completion of his twenty-sixth year. His hair, when he first arrived in California, was of a glossy black, luxuriant and free from disease. After having been subject to the vicissitudes of mining life, for a year and a half, without gaining gold faster than was required to supply his daily wants, he removed to the north fork of the Yuba river, high up, where his fortunes gradually improved, until he was taken sick and obliged to remain in camp. His disease was called, by the camp physician, bilious intermittent, with pulmonary congestion. On the 5th of October, 1850, he raised in the forenoon some blood, and on the return of the doctor and friends, at mid-day, from labor, it was thought advisable to bleed, and the arm was bandaged and the blood drawn upon the floor, beside his bed. As he felt relieved, he advised his friends to return to their labor. When they left him, he had fallen asleep, and did not awake until dusk. On opening his eyes, the first object that met his view was a huge grizzly bear, lapping from the floor the blood which had been drawn from his arm. His fright was so great, in his then feeble state, that he immediately fainted, and was found apparently dead by his friends, who returned just as the bear left. After the application of such restoratives as the camp afforded, life was restored, but his faculties suffered for several days; and on the morning succeeding the unpleasant visit of

the bear, his hair was found changed to a perfect white, without one remaining of the original color to show the contrast.

I will refer to another instance—that of a young man about 23 years old. He came from the mines to San Francisco, with the intention of soon leaving the latter place for home. On the evening of his arrival, he, with his companions, visited the gambling saloons. After watching for a long time the varied fortunes of a table supposed to be undergoing the process of "tapping," from the continued success of those betting against the bank, the excitement overthrew his better judgment, and he threw upon the "seven spot" of a new deal, a bag which he said contained 1100 dollars—*his all*, the result of two years' privation and hard labor—exclaiming, with a voice trembling from intense excitement, "*my home, or the mines.*" As the dealer slowly resumed the drawing of his cards—with his countenance livid, from fear of the inevitable fate that seems ever attendant upon the tapping process when once commenced—I turned my eyes towards the young man who had staked his whole gains upon a card; and never shall I forget the impression made by his look of intense anxiety, as he watched the cards as they fell from the dealer's hands. All the energies of his system seemed concentrated in the fixed gaze of his eyes, while the deadly pallor of his face bespoke the subdued action of his heart. All around seemed infected with the sympathetic powers of the spell—even the hitherto successful winners forgot their own stakes, in the hazardous chance placed upon the issue of the bet. The cards are slowly told, with the precision of high-wrought excitement. The seven spot wins! The spell is broken—re-action takes place. The winner exclaims, with a deep-drawn sigh, "*I will never gamble again,*" and was carried from the room in a deep swoon, from which he did not fully recover until the next morning, and then to know that the equivalent surrendered for his gain, was the color of his hair, now changed to a perfect white!

Although the above may be considered extreme cases, sufficient to warrant a like result in any country, still I could relate instances where the cause of excitement was slight, and yet produced a rapid change in the hair, with the same certainty; showing evidently the predisposing influences of climate. One instance now occurs, of a young priest at Acapulco, whose strongly besetting sins were monte and cock-fighting, although others might be numbered in the same catalogue. The purity of his hair was accounted, by its sudden transition from black to white, a miracle emblematical of his character; but the history of the change would lead us to suppose that it originated from another cause than a saintly organization. On the Sunday that marked the change, he exhorted his hearers to beware of the immoralities practised by foreigners; in the afternoon he engaged zealously in the disputes of the cock-pit, and ended at night with an exciting game of monte.

The cause of these sudden changes must arise from atmospherical peculiarities, as upon the Atlantic side we are subject to the same seasons, with the exception that the prevailing wind upon the Atlantic coast during the dry season has more humidity. From whatever source the

predisposing cause may originate, it is certain that excitement hastens the change.

Yours respectfully, E. R. SMILIE.

Boston, June 26th, 1851.

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#### HOSPITALS IN CONSTANTINOPLE.

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

I VISITED one of the largest hospitals, exclusively the property of the Greeks, just beyond the Seven Towers, on passing through the gate beyond Stamboul. It is immensely large, in the form of a Greek cross on the ground—having four wings diverging from a centre. They were but one story high, and finished within by wood ceilings. Surrounding the whole, is a wall. Four hundred patients are accommodated, if necessary, at a time, entirely by the charitable contributions of their benevolent countrymen. The institution reflects honor on those who have thus created and sustained it under all the hardships and oppressions to which they have been subjected by their political masters, the Turks. Over the head of each bed was the name of the incumbent, his disease, &c., as in all other similar establishments in Europe. The wards were quite long, the bedsteads mostly iron, and an air of comfort, quiet and good order reigned throughout. No marked cases of surgery were referred to—nor, indeed, were any anomalies in disease discovered in traversing the apartments. Two wards were devoted to the insane—one for males and the other for females. When I first entered the office and expressed a wish to examine the charity, permission was given, and a mere boy sent to show the way. On expressing a wish to enter where the lunatics were confined, some reluctance was manifested, but the young man yielded to earnest importunity, though he positively refused to lead me to the wing where the females were located. Not more than forty, in all, were under the care of the hospital. All the males were lying on their mattresses upon the floor, wearing iron collars about their necks, from whence a chain extended to a strong staple in the floor. They were far enough asunder to prevent interference with each other. A boy of about 15, heavily laden in this manner, in one corner, was imagined to be a furious maniac, as an apology for his confinement. A wound on the side of his head might have been an injury inflicted on himself in a paroxysm of fury. On returning to the office, two of the directors being present, the inquiry was made why we wished so urgently to see the house. I then made known my profession, and further observed, that having come so great a distance it would be a subject of deep regret not to be permitted to examine one of the best-conducted hospitals in Constantinople—a privilege never denied a medical traveller in any part of Europe or America. Having discovered that I was from the latter country, they were extremely polite. Sherbet was brought in, soon followed by coffee, and they then, with apologies, accompanied me to the wards of the female lunatics. Their treatment was similar to the others. The improved system of kindness and indulgence has not yet been introduced anywhere in this country. The Greeks will

do it first, if it is ever sanctioned at all, for their intelligence, and ambition to avail themselves of the wisdom that distinguishes foreign countries, are apparent. Although out of place, I will here remark that in the neighborhood of Beyroot, the Monks have possession of a cave in which maniacs are shut up, while the holy impostors exorcise the devils who have possession of their unhappy patients. Such is the reputation of the place, that lunatics are invariably carried there from great distances. If the efforts are unsuccessful, they are then sometimes disposed to consult physicians. Dr. De Forest will probably communicate an account of this farcical, and, no doubt, often cruel management, which renders a further description here unnecessary. Sign. Dr. Pietro and Sign. Dr. Alexandro are the medical and surgical visitors of this hospital in Constantinople. Sign. Fani Zalliero and Sign. Georgio papi Lambinardo are the immediate directors. The other hospitals do not differ essentially from this, beyond the fine external appearance which the funds of the government enables the soldiers' hospital to assume.

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#### SMALLPOX IN THE SEVENTH MONTH OF PREGNANCY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR.—I was called, recently, to attend a young married lady, who, I was informed, had been suffering intense pain for the twenty-four hours previous. I found the patient with hot skin, dry red tongue, high arterial excitement; pulse 110 per minute, full; severe pain in the head and back, and in the *seventh* month of pregnancy. Prescribed leeches to the temples, and hyd. and jalap,  $\frac{2}{3}$  gr. 1., followed with saline draught, and diaphoretics. In about thirty hours pustules made their appearance, and continued until the case assumed the appearance of genuine smallpox. She passed through the various stages favorably, and convalesced as rapidly as usual, save a slight ophthalmia, which retarded somewhat the cure, went her full time, and gave birth to a fine, plump, healthy girl, without the least appearance of its having had the disease. Vaccination had no effect upon it.

*Query.*—Can the mother, during the last months of pregnancy, go through with smallpox and not infect the child in *utero*? If so infected, will there not be unmistakable evidence upon the skin? or does exclusion of light and air prevent scarring, and thereby leave a smooth surface? Will some of your numerous readers inform us? **S. F. PARCHER.**

*East Boston, June 20th, 1851.*

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#### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 2, 1851.

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##### EDITORIAL CORRESPONDENCE.

*Vienna.*—Vienna equals, if it does not excel, any city heretofore visited in Europe, on the score of neatness and order. The public squares are

small, but they are clean enough to be cited as patterns of neatness. The pavements are small hewn stones, jointed together, water tight. They are smooth, and therefore there is little of the noise by carriage wheels, which in Boston is so disagreeable. Houses are carried up six or seven stories, and they are immensely large on the ground, resembling in their general appearance those of Rome. Some of the churches are richly decorated—especially the cathedral, a monster edifice—abounding in things that catch the eye even of one who has become satiated with sight-seeing. A monument is in excellent condition in one part of the cathedral, erected to the memory of Arch Duke Frederick, about 100 years since, made of a single stone, on which there are 140 figures—statuettes. It is a surprising specimen of the skill and genius of the artist. For building purposes, brick, universally, are in request—of a large size, coarse and rather soft. When the walls are up, they are covered with a thick coat of cement, nearly white, lined off to look like stone. The appearance is favorable. Of the economy in regard to the first cost, there can be no question; and as to durability, the oldest palaces and private dwellings still present the appearance of being stone, instead of very cheap brick. All apartments are high studded, which imparts an air of grandeur to the public edifices, and elegance to the ordinary houses on the streets. All the fountains are superb specimens of bronze figure castings. Those stiff up and down streams, sometimes seen, with great cast-iron dishes, are rarely met with in Europe. Talent is brought into requisition, and no designs are better patronized than those for fountains. Water in Vienna is supplied by a force pump at a small river, worked by steam. It is used freely and without expense by all who may choose to avail themselves of it in the streets and squares; but in no instance is it conveyed into the houses. Wells are the main dependence of the citizens.

But of all the wonders of Vienna, the royal vaults, in which are placed the metallic sarcophagi, containing the remains of emperors, empresses, and their families, are the most surprising. A more elaborate and truly astonishing specimen of sculpture in bronze cannot be found on the globe, than the sarcophagus of Maria Theresa. It must weigh several tons; is not less than eight feet square by six high, wrought into forms and figures, as though the material had been as soft as wax when they were executed. The empress had it made in her life time, and consequently must have watched the progress of the work with no ordinary sensations, as it was to contain her own body. One of the emperors is placed in a silver sarcophagus, covered with chased work of surprising beauty. In short, of all the royal sepulchres I have seen in England, France, Turkey and Jerusalem, none of them compare with the magnificent resting places of the royal family of Austria. Napoleon's only child, the Duke of Reichstadt, is in a plain copper sarcophagus, tinned, as are all which are made of that material, in which the coffin is hermetically sealed. His mother lies by his side, in a similar enclosure. All these are placed in the cellar of a convent, to which the traveller is shown by a monk, who goes from one to the other with a light.

Some of the many pictures in the imperial gallery are from the first masters; but in sculpture there is nothing remarkable. In returning from an excursion to one of the national collections, I witnessed a great military funeral. A general Wallgemuth died in Hungary, and his remains having been brought to Vienna on a railroad, were forthwith carried to a cemetery in the suburbs, escorted by a vast body of soldiers and a multi-

tude in carriages. On the top of the hearse was the figure of a knight reclining, in shining armor, followed by another on horseback dressed in a complete suit of burnished plate mail, even his face being covered. Next followed the general's horse, led by a groom, and covered with a pall trailing to the ground all around, but held up behind by a servant, who kept at a respectful distance from the fiery charger's heels. Then came the emperor, dressed like his officers in a white coat, blue pants with red seams at the side, and a hat edged with green. He is not apparently more than twenty years of age. I afterwards saw him walking in the street, with his brother and one other person, unaccompanied by any show of parade, and seeming to enjoy himself like any other well-bred young gentleman.

One of the national cabinets in Vienna especially worthy of note, is the geological collection in the palace. It is extensive and beautifully arranged. I saw several specimens marked Massachusetts and New Jersey. A model of a lump of native gold from the Ural Mountains, weighing sixty-four pounds and some ounces, quite equals any of the California specimens.

Among the number of public institutions especially instructive and not to be neglected by a stranger, is the Polytechnic School, which embraces specimens of the mechanical industry of Austria and its dependencies. Several of the halls, of tedious length for walking, contain models of machines, tools and ingenious contrivances of every nature and kind devised since civilization dawned upon this part of the earth. They are placed in the best possible condition for inspection, and are always open, free of expense. The collection bears a striking resemblance to the Patent Office in Washington. In the apartment containing agricultural instruments, were articles manufactured by Nelson, of Rhode Island, but they were rather calculated to convey the idea that we are just emerging from the savage state. It would be creditable to our country, if some gentleman would make a selection of articles from the great Agricultural Ware House over Quincy Market, in Boston, and send them to the imperial collection in the Polytechnic school. In the Cabinet of Natural History, the stuffed animals were well prepared, and extensive; so of the entomological department.

Being exhausted with peering into glass cases, and gazing about royal residences, I recreated myself one half day by going to the Prater, the fashionable drive, where the multitude vie with each other in showing off equipages. Unlike the show in Hyde Park, in London, or the one in Paris, which commences about five in the afternoon, punctually at 2 P.M. the Prater is suddenly transformed into a theatre, in which parts in the comedy of life are played by all classes, from the great performer on the throne to a blind fiddler by the hedge. There I again saw the emperor, driving four spirited horses—and he drove quite as well as a cabman. Then his father came along on foot, a small, slender, gentlemanly person. His mother is tall, with high cheek bones, yet graceful in her movements. Nearly all the prominent nobility of the realm were out, and the opportunity was favorable for seeing all the dukes, princes, and princesses, with unpronounceable names, known in the modern annals of the kingdom. A few great generals were pointed out, with very long moustaches, which gave them a barbarous appearance. From thence I rode to the steamboat landing on the river Danube. Having seen the Black Sea, into which that celebrated river empties, I had a curiosity to examine here. It is a turbid stream, flowing exceedingly swift, like the Jordan at its exit into the

**Dead Sea.** To prevent it from cutting into the land, the banks are securely paved at different points. It is deep, too, and may well be considered one of the essential arteries on which the life of several countries depends. On the way there and back, the number of young females seen working in brick-yards, breaking stone for Macadamizing, carrying burdens on their backs, and employed in the meanest offices, called forth my sympathy and indignation. Each brick manufactured appears to bear various marks, indicating the year in which it was made. What assistance such thoughtfulness will render antiquarians at some distant epoch, when they will deposit one or a series of them in the museums of that day, as the present archaeologists do those of Babylon, which also bear characters, but which, unfortunately, cannot be decyphered. If the brickmakers of our neighborhood would put a few type in the bottom of the mould, each brick might be a chronicle more enduring than any granite monument.

While on the same pleasant excursion, it was a queer exhibition to see the skins of oxen, that had been taken off nearly whole, brought along in waggons, from Hungary, filled to their utmost capacity with tallow. In Asia Minor I have seen ox hides filled precisely in the same manner with butter. Oxen about Vienna draw by their horns, and not with yokes. A band of iron is bent across the forehead to fit the prominence of the head, braced as it were against the horns, and from the extremities and the base of the horns, rope traces extend to the cart.

In one of my rambles in search of extraordinaries, I saw in the church of St. Augustine, the unmatched and priceless monument by Canova to Maria Christina. Such grouping of speaking, weeping marble was never beheld any where else. Near by, in the same church, is the sarcophagus of the Emperor Leopold; and a place, too, within a few feet of it, where the hearts of all the members of the royal family who have died since the organization of the empire, are deposited. Their bowels are in a vault near the centre of the cathedral, over which is an inscription. In the church of St. Augustine there are other objects highly prized by the devout, but shocking to those unaccustomed to the exhibitions of Roman Catholic countries; they are the skeletons of St. Victoria and St. Clements, covered with jewels, brocade, &c., to the extremity of each rib, finger and toe, with crowns on their skulls! Such things are very common in Belgium and Holland.

No doubt it has been a source of amusement to most outside barbarians from America, as it was to me, to read the signs over places of business in this metropolis. Think of pronouncing the name *Shcrldttipdt*—a man who sells pins and needles, which fact is ascertained by seeing them in a window. But *Kdhmmldft* deals altogether in umbrella heads; while his next door neighbor, *Jhnns Schpttdofdomthdlz*, has fish hooks and other piscatory apparatus for sportsmen.

On another occasion I went to the hall of antiquities—a priceless collection of gold, silver, bronze, and copper—the fabrication of mechanics unnumbered centuries ago. Some of the devices for table furniture, seal cutting, enamelling, cameos, die sinking, medallions, coins, and statuettes, almost a thousand years older than the advent of Christ, show, what has often been demonstrated before, that the arts are no better understood now than when Homer lived. Of the imperial library of four hundred thousand volumes, nothing in the United States, of course, can compare with it. The apartment is magnificent in all its details, and ornamented with marble statues of kings and dukes, rather than authors.

*Personal Concerns.*—At the termination of an extensive tour in Europe, Asia and Africa, the editor is again enabled to resume his labors; and while he tenders his acknowledgments to those of the profession who have contributed to the pages of the Journal during his protracted absence, he begs to express a hope that frequent communications may continue to flow in—enlarging and enriching the domain of medicine and surgery.

Those only who have had experience in the management of a scientific periodical, can appreciate the difficulties or estimate the trials that appertain to such a position. The most conscientious regard to the rights, opinions and intimations of such as are lights by the way, does not satisfy every one. It is the misfortune of an editor to be frequently misunderstood, misconstrued, and to have motives assigned for this or that observation, which never entered his mind. It is a contingency inseparably connected with the place, and from being long accustomed to it, we have acquired a desirable amount of indifference and fortitude, and therefore take these misfortunes with apparent calmness.

In looking over the two last volumes, while under the temporary editorial charge of Geo. S. Jones, M.D., whose kind assistance is thankfully acknowledged, the evidence of the activity of medical men in America, and of their steady advances in the great field before them, is apparent. Diseases are nowhere controlled with more skill than in the United States, nor is there a country on the globe where the benefits accruing to society from the efforts of indefatigable practitioners of medicine and surgery, are more apparent. If further advances have been made in Europe, they have resulted from a subdivision of labor. Those most distinguished for their accuracy in detecting the causes of disease, and in the administration of remedies, have attained their tact and distinction by pursuing a specialty. The tendency of the age is to subdivide, and not carry on too many branches of practice, from a conviction that excellence depends upon the cultivation of one talent, rather than a hundred. A thorough ophthalmic operator cannot, in the nature of things, be equally expert in fevers or chronic maladies. The dentists, by separating their business entirely from the practice of medicine, in this country, have elevated dentistry to the character of an important department of mechanical surgery, which is both acknowledged and sustained by public sentiment. In no part of the world, out of the United States, have they attained to such respectability and professional eminence. We are rapidly becoming an over-grown, over-stocked profession, mainly because every new comer grasps at all and every form of practice. By subdividing into separate departments, as they have been doing a long while in some parts of Great Britain and on the Continent, there would be appropriate employment for all. In law, this has already been acted upon; and formidable as the attorneys are in number, they complain much less than the physicians, of having nothing to do. Particular attention, therefore, to a single branch of practice, must obviously redound to the reputation as well as emolument of the practitioners, while the public will be the direct gainers by the increased experience of those they patronize.

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*Use of the Galvanic Battery in Paralysis.*—In a previous number of the Journal, mention was made of the good effects often derived from the application of the galvanic battery in paralysis. We have since had an opportunity of further testing this therapeutical agent in two cases; in

one of which, the results were so satisfactory that we have thought a brief notice of it might not be uninteresting to our readers. A young man (a painter) had a severe attack of colic, which was attributed by his attending physician to the effects of white lead, and he was treated accordingly with the usual remedies, successfully. Soon after his recovery from the attack of colic, he was suddenly deprived of the use of his right arm. The power to elevate it was entirely gone; and having lost a part of the other arm by amputation a few years previous, he became almost helpless. In this sad condition he sought the counsel of many eminent men in the profession, but without receiving any direct benefit from their advice and prescriptions. A medical friend of ours, to whom he applied for advice, knowing that we had one of Coad's patent graduated galvanic batteries, which are of a superior construction and power, sent him to us, that it might be thoroughly tested in his case. He came; and we must confess, that after an examination of the case, we thought it almost a hopeless one. After one or two operations, a perceptible change for the better was manifest; and when the instrument had been applied twenty-four times, the perfect use of his arm was obtained. The time occupied in this case was about six weeks; and so successful has been the remedy, that the patient can now use his arm with perfect freedom, and is able to resume his former occupation of painting, using the brush to as good advantage as his fellow workmen.

The other case mentioned, was that of a young lady with hemiplegia, who was unable to walk, or even stand upon the limb of the affected side, and in consequence had to be brought to our office. After three applications of the battery, she had so much improved as to be able to walk to the office, a distance of three-fourths of a mile. Although she is not cured, yet from the improvement which has taken place, we have every reason to believe she will be, if the remedy is continued for a further length of time.

We are confident that many of the nervous affections might be successfully treated by the proper application of a galvanic battery; but it is evident that a proper one should be used, and we know of none more appropriate than that of Mr. Coad, of Philadelphia.

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*Suffolk District Medical Society.*—The following Resolutions, offered by Dr. John Ware, at the regular meeting of this Society, on Saturday, June 28th, were laid upon the table, for consideration at an adjourned meeting, and ordered to be printed and distributed to the members.

It was then Voted, that the meeting adjourn for one week, and that these Resolutions be then taken up for consideration.

*Resolved,* That, in the opinion of this Society, the Annual Meetings of the Massachusetts Medical Society should be devoted exclusively to the great objects for which it was established, in raising the standard of medical education, and the medical character—promoting personal intercourse and friendly relations among its members, and disseminating among them useful professional knowledge.

*Resolved,* That, in order to do this, all matters relating to personal differences between individual physicians, all offences against the laws of the Society, and, in general, all matters of police and discipline, should be placed in the hands of the several District Societies with full power to decide finally concerning them; except that in all cases where the penalty of expulsion is imposed, there should be a right of appeal to the Counsellors, but in no case to the society at large.

*Resolved*, That it is the duty of the Massachusetts Medical Society, as the guardian of the public health, systematically to pursue an investigation into the causes, history, and treatment of the diseases of this Commonwealth, in all its various parts; and that it should also take means to communicate to its members, in the most condensed form, all the information of true practical value, which is every year offered to the profession.

*Resolved*, That the exhibition to the public of an earnest desire to raise the character of the profession—to investigate fully and fairly the history and treatment of the diseases of the community in which we reside—and to impart to one another useful information—will do more to secure the confidence of mankind and to remove the evils of quackery, than any systematic efforts which have this for their direct object.

*Resolved*, That the Counsellors be requested to take such measures as will best answer the purposes referred to in the foregoing Resolutions.

*Resolved*, That a copy of these Resolutions, signed by the President and Secretary, be sent to each of the District Societies, with a respectful request that they be made the subject of their deliberate consideration, and that the result be communicated to the Counsellors.

*Resolved*, also, That a copy of these Resolutions, similarly attested, be sent to the Counsellors, as expressing the sense of the Suffolk District Medical Society on the subjects to which they refer.

An Adjourned Meeting of the Suffolk District Medical Society, will be held in the Masonic Temple, Boston, on Saturday, 5th July, at 8 o'clock,  
H. W. WILLIAMS, Secretary.

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*Physicians in the Apothecary Business.*—It will be perceived, by a notice in our advertising columns, that Dr. B. Carpenter, of Pawtucket, has become a partner in the Drug Establishment conducted under the late firm of Philbrick & Trafton, 160 Washington Street, Dr. Trafton having honorably retired from the firm. It affords us much pleasure to know that Dr. Philbrick has again associated with him in business a partner of high attainments and honorable principles. We hope that this enterprising firm and respectable establishment will continue to receive a proper share of patronage.

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A telegraphic despatch, from St. Louis, mentions the death of some four thousand Sioux Indians by cholera and smallpox.

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To CORRESPONDENTS.—Dr. Thomson's notice of a new preparation of iodine, was received too late for this No. of the Journal.

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MARRIED.—In this city, Nathaniel Downes, M.D., to Miss Ann Maria Homer.

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DIED.—On the Plains, about ninety miles from Fort Leavenworth, June 2d, of cholera, Dr. Alfred W. Kennedy, Surgeon in U. S. Army. Also, of the same disease, about the same time, his son Worsley, in his 4th year.

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*Deaths in Boston*—for the week ending Saturday noon, June 29, 70.—Males, 27—females, 43. Accidental, 3—spoplexy, 1—Inflammation of bowels, 2—disease of brain, 1—bronchitis, 1—consumption, 16—convulsions, 2—cholera morbus, 2—cyanosis, 1—croup, 1—delirium tremens, 1—dysentery, 3—dropsy, 6—dropay of brain, 6—drowned, 1—fever, 2—typhus fever, 2—typhoid fever, 1—lung fever, 3—hooping cough, 1—infantile, 3—Inflammation of the lungs, 3—marasmus, 2—measles, 1—palsy, 2—smallpox, 2—scrofula, 1—worms, 1.

Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 24—between 40 and 60 years, 8—over 60 years, 4. Americans, 37; foreigners and children of foreigners, 33.

The above includes 8 deaths at the City Institutions.

*How Quacks Advertise.*—Below we give part of the advertisement of a notorious individual, as a specimen of the way of doing business among practitioners of his class. It is quite time their trickery was exposed to the public. We are aware it is the opinion of many in our ranks, that it is better to let such matters alone; but we must differ from them in regard to the expediency of such a course. A written answer to the following questions is to form the basis of a diagnosis of any ail a patient may have.

" Give name, age, residence, occupation; family consumptive, or what complaints subject to; where born and brought up; married or single; strong or delicate; lean or fleshy; tall or short; straight or stooping, or deformed; height, and size around the waist two inches above the hips; color of hair; complexion; have you any humor, scrofula, cancer, skin disease, headache, cough, asthma, rheumatism, or pain any where, loss of voice, hoarseness, catarrh, dropay, expectorate much, raise blood, fever or night sweats, chills, confined to bed- or house, palpitation, nervous, fits, palsy, bad dreams, sour or sick stomach, dyspepsia, flatulence, distress at stomach, colic, all-gone feeling any where, costive, diarrhoea, appetite good or bad, piles, fistula, gravel, heat of urine or scanty or sediment? If a Lady—married? had any children? any female complaints? irregularity? weak back? pain any where? any bloating? dropay? bilious? worms? indigent or easy circumstances? any bad fits of sickness? doctor much?

" As it is a source of pleasure to Dr. —— to alleviate the sufferings of the Invalid, he has concluded in future to make no charge for Office Consultation and Examination of the Chest."

The inquiry as to the *pecuniary resources* of a patient is a very important one, and we wonder the wily doctor should have placed it so near the bottom of the list. It is understood that these questions are propounded to those who may live at a distance, and cannot conveniently visit the great *Æsculapius in propria persona*.

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*New Medical Books.*—There is evidently a dearth at present, in this and foreign countries, in the publication of original works on medicine. Perhaps it is one of those calms that precede unusual activity in science, as in trade. Yet it may be well that authors are becoming scarce, since many of them have multiplied volumes without increasing the fund of useful knowledge. Surgery seems not to have been written upon much of late—perhaps for the reason that there is little or nothing to be said upon it, beyond the relation of cases. Ages may roll away before there will be another Sir Astley Cooper. It should be borne in mind, however, that the multiplication of minutely described cases, both in medicine and surgery, is conferring an essential benefit on the world, since it furnishes the means of ascertaining, through the experience of others, the progress of therapeutic agencies in mitigating physical sufferings. Treatises on practice, the way in which the sick were made well, are the books most required, and the more there are of them, properly prepared and properly vouched, the better.

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*Surgical Operations.*—It is getting to be quite common for newspapers to have the *first*, and sometimes the only, reports of remarkable surgical operations. It is all right enough for the papers to publish medical intelligence; but it would be more consonant with our feelings, and more in accordance with professional etiquette, if medical men would first send the results of their cases to a *Medical Journal*.